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appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ng the Patent, advance onerwise in Block 1, by (a	a) specifying a new corr	espondence address	, and/or (b)	) murcaung a sept	correspondence address as arate "FEE ADDRESS" for
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31408	7590 10/20	/2006	Cor	rificate of	Mailing or Trans	mission	
LAW OFFICE 92 NATOMA S' SAN FRANCIS	l k Sta ad tra	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
							(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNE	EY DOCKET NO.	CONFIRMATION NO.
10/047,505	10/047,505 10/26/2001		Puncet Goel		EF1M0305		3938
TITLE OF INVENTION: PROCESS AND SYSTEM FOR MIXED PAGE IMPOSITION							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	01/22/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MILIA, N		2625	358-001180				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Electronics for Imaging, Inc. Foster City, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🔲 Government							
	are submitted: lo small entity discount p # of Copies	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0770 (enclose an extra copy of this form).					
_ "	tus (from status indicated s SMALL ENTITY statu	•	☐ b. Applicant is no lo	nger claiming SMA	II ENTIT	V status See 37 C	FR ( 27/a)(2)
							ne assignce or other party in
		Date 04-Jan-2007					
Authorized Signature Date 04-Jan-2007  Typed or printed name James Trosino Registration No. 39,862							
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